



Tribal & Indian Health Service Contract Health Services Program

Conferees will receive a brief overview of (1) the CHS program as it is carried out at federal facilities, using IHS policies and procedure. This information is presented as a possible model for tribal programs to use or modify to meet their program needs. (2) The entire State of Oklahoma is a CHSDA, similar to California. The presentation will provide an overview of the Oklahoma IHS/Tribal experience in identifying CHS responsibility for individual patients. (2) CHS issues specific to California will be presented for discussion



Outline

- Indian & Indian Tribes Defined, 25 CFR Part 900
- Eligibility of California Indians
- Contract Health Service Delivery Area
- CHS Eligibility
- Resources



ISDEAA Definitions

- “Indian” means a person who is a member of an Indian Tribe



ISDEAA Definitions continued

- “Indian Tribe” means any Indian tribe, band, nation, or other organized group or community, including pueblos, rancherias, colonies and any Alaska Native Villages, or regional or village corporation as defined in or established pursuant to the Alaska Native Claims Settlement Act, which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians.



Eligibility of California Indians

IHCIA, Sec. 809

- **(b) Eligible Indians** Until such time as any subsequent law may otherwise provide, the following California Indians shall be eligible for health services provided by the Service:
- **(1)** Any member of a federally recognized Indian tribe.
- **(2)** Any descendant of an Indian who was residing in California on June 1, 1852, but only if such descendant— **(A)** is living in California,
- **(B)** is a member of the Indian community served by a local program of the Service, and
- **(C)** is regarded as an Indian by the community in which such descendant lives.

Eligibility of California Indians

IHCIA, Sec. 809, con't

- **(3)** Any Indian who holds trust interests in public domain, national forest, or Indian reservation allotments in California.
- **(4)** Any Indian in California who is listed on the plans for distribution of the assets of California rancherias and reservations under the Act of August 18, 1958 ([72 Stat. 619](#)), and any descendant of such an Indian.
- **(c) Scope of eligibility** Nothing in this section may be construed as expanding the eligibility of California Indians for health services provided by the Service beyond the scope of eligibility for such health services that applied on May 1, 1986.



California as a Contract Health Service Delivery Area – 25 USC 1680

The State of California, excluding the counties of Alameda, Contra Costa, Los Angeles, Marin, Orange, Sacramento, San Francisco, San Mateo, Santa Clara, Kern, Merced, Monterey, Napa, San Benito, San Joaquin, San Luis Obispo, Santa Cruz, Solano, Stanislaus, and Ventura **shall be designated as a contract health service delivery area** by the Service for the purpose of providing contract health services to Indians in such State.

IHS CONTRACT HEALTH SERVICES ELIGIBILITY

“On or Near”

Paraphrased for presentation – see 42 CFR Part 36 and 36a

- Lives in the United States and on the reservation within the CHSDA
- Tribal member off the reservation but within the CHSDA or close economic and social ties
- Students and transients
- 180 days eligibility after departure from CHSDA
- Foster child outside of the CHSDA
- Members of an eligible Indians' household under 19 years old
- Non-Indian woman pregnant with an eligible Indian's baby



Determining Eligibility

- Burden of proof is on the applicant
- Every IHS-funded health program must follow these written eligibility criteria and provide patients with a copy
- Educate new and current staff on eligibility criteria



Proper Documentation

As evidenced by one or more of the following documents:

- Certificate of Degree of Indian Blood (CDIB)
- Form 4432 issued by BIA
- Tribal membership card
- Tribal correspondence

Birth certificate(s) (state seal or certified copy) to establish a descendant, in the first or second degree

IHS recommends that all eligibility documentation be authenticated by the issuing office.

RPMS Patient Registration

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Religion/Tribal Data/Employment

1. RELIGIOUS PREFERENCE : CATHOLIC

2. CLASSIFICATION/BENEFICIARY : INDIAN/ALASKA NATIVE

3. TRIBE OF MEMBERSHIP : DECENDANTS OF CALIFORNIA INDIANS

4. TRIBE QUANTUM : UNSPECIFIED 5. INDIAN BLOOD QUANTUM : UNSPECIFIED

6. TRIBAL ENROLLMENT NO. :

7. OTHER TRIBE : * NONE LISTED *

8. FATHER'S NAME :

9. MOTHER'S MAIDEN NAME :

10. EMPLOYER NAME :

11. SPOUSE'S EMPLOYER NAME :

12. FATHER'S EMPLOYER NAME :

13. MOTHER'S EMPLOYER NAME :

14. RACE :

15. NUMBER IN HOUSEHOLD :

16. TOTAL HOUSEHOLD INCOME :

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CHANGE which item? (1-16) NONE//:



Unaffiliated Indians and CHS in California

- Unaffiliated Indians are all other Indians in the CHSDA that are not members of a California Tribe that is federally recognized.
 - Descendents of California Indians.
 - Holders of public domain, national forest, or reservation allotments in California.
 - Indians listed on “judgment rolls”
 - Out-of-state federally recognized Indians



Unaffiliated Indians and CHS in California

- Unaffiliated Indians make up about 65% of the total active users in tribal health programs.
- CAO distributes CHS funds based on total active users.
- Therefore, IHS is funding all tribal health programs to provide CHS equally to all its patients.



“close social & economic ties and members of the Indian community”

- This phrase, the definition, and implications are serious and important.



“close social & economic ties and members of the Indian community”

- January 10, 2000 letter to Tribal Leaders from Dr. Trujillo.
 - Regulations do not require a finding of “belongs to the local Indian community”
 - And does not define “Indian community”
 - 638 requires liberal interpretation of regulations in favor of Indians/Tribes



“close social & economic ties and members of the Indian community”

- January 10, 2000 letter to Tribal Leaders from Dr. Trujillo, con't.
 - The regulations require IHS to serve all eligible Indians.
 - ISDEAA Section 105(g) requires 648 contractors/compactors to adhere to the departmental regulations the same as IHS.
 - CHS medical priorities must be adjusted, not your patient population.



Unaffiliated Indians and Tribal Self Determination

- A Tribe has a right to limit health services to only its members.
- Must state in contract or compact the limitation of service population.
- Funding would be limited to the corresponding Tribal population.
- With the funding removed from the Tribal contract, IHS would be responsible for arranging for care of excluded population.



Patients are entitled to a written explanation of CHS denial.

- CHS regulation require a written statement of the reasons for denying CHS care to any patient.
- Administrative due process is required by ISDA, Section 108.
- It is also a requirement of the 638 model contract.



Summary

- Tribal programs are funded to serve the unaffiliated.
- If they are denied care they have a right to a written statement as to why.
- We all know that our funds are inadequate, but denying care to eligible Indians is not the answer.